

**Calendar Year** \_\_\_\_\_

LEGAL NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
DBA \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

FEIN \_\_\_\_\_ SOLE PROPRIETOR SSN \_\_\_\_\_

YEAR OF INCORPORATION \_\_\_\_\_ STATE IN WHICH INCORPORATED \_\_\_\_\_

Individual ☐ Corporation ☐ LTD Partnership ☐ Partnership ☐ LTD Liability Co ☐ LTD Liability Partnership ☐

SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_

- |  |   |
|--|---|
|  | LIABILITY INSURANCE CERTIFICATE: Executed on a form Approved by the Kansas Department of Agriculture                      |
|  | SURETY BOND: Executed on a form supplied by the Kansas Department of Agriculture (Form KPL-420)                           |
|  | LETTER OF CREDIT: Issued by a KANSAS bank, savings and loan association, savings bank or credit union (Form KPL-415)      |
|  | ESCROW ACCOUNT: Maintained in a federally insured KANSAS bank, savings and loan association, savings bank or credit union |

- |  |   |
|--|---|
|  | 1—AGRICULTURAL PEST CONTROL                 |
|  | 2 – FOREST PEST CONTROL                     |
|  | 3 – ORNAMENTAL, TURF AND INTERIOR LANDSCAPE |
|  | 4 – SEED TREATMENT                          |

- |  |   |
|--|---|
|  | 5 – AQUATIC PEST CONTROL  |
|  | 6 – RIGHT-OF-WAY PEST CONTROL   |
|  | 7 – INDUSTRIAL, INSTITUTIONAL, STRUCTURAL, AND HEALTH<br>RELATED PEST CONTROL |

STATE	YEAR	STATE	YEAR	STATE	YEAR	STATE	YEAR

STATE	YEAR	STATE	YEAR	STATE	YEAR	STATE	YEAR

9. **FELONY CONVICTION INFORMATION:** Has the applicant been convicted of or plead guilty to a felony? YES NO If yes, please provide dates and details on a separate sheet.

**10. OTHER PESTICIDE BUSINESS LOCATIONS:** Please provide the following information for EACH location (other than the principle business address indicated in Section 1) from which Kansas Customers are served, equipment is stored, records maintained, or pesticides are stored. Attach a separate sheet if needed.

LOCATION NAME	CERTIFIED APPLICATOR	ADDRESS	CITY, STATE, ZIP	PHONE

**THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY**

[illegible]

- 11. PESTICIDE BUSINESS OWNER(S) AND/OR OFFICER(S):** If the business is owned by an individual, a partnership, an association or corporation, provide the following information for all owners, partners, and/or officers. Please ensure correct social security number and birth date is provided for each owner, partner, and/or officer (attach separate sheet using same format if more space is needed):

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST AND MIDDLE NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- 12. KANSAS CERTIFIED COMMERCIAL PESTICIDE APPLICATOR(S):** Please provide the following information for all certified commercial pesticide applicators who will be applying pesticides under the license for which applicant is making application. Please ensure correct social security number and birth date is provided for each applicator. (Attach separate sheet using same format if more space is needed.)

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST AND MIDDLE NAME \_\_\_\_\_  
 CERTIFICATION NUMBER \_\_\_\_\_ CATEGORY (IES) \_\_\_\_\_

- 13. KANSAS UNCERTIFIED PESTICIDE APPLICATOR(S):** This section must be completed by ALL pesticide business applicants. If applicant will have NO uncertified applicator employees, indicate "NONE" in the SSN box. Please provide the following information for all uncertified applicators who will be applying pesticides under the license for which applicant is making application. Please ensure correct social security number and birth date is provided for each applicator. (Attach separate sheet using same format if more space is needed.)

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ CATEGORY (IES) \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST AND MIDDLE NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- 14. REGISTERED PEST CONTROL TECHNICIAN (S):** If applicant will be employing individuals as registered pest control technicians submit application form KPL 700 for each technician. **NOTE: Every pesticide business applying pesticides for the control of ornamental pests (3A), turf pests (3B), interior landscape pests (3C), wood-destroying pests (7A), or structural pests (7E) is required by the Kansas Pesticide Law to have a registered pest control technician training program. All pesticide businesses operating in the subcategories described are required to submit training materials to the Kansas Department of Agriculture for approval – OR- state that all applicators will be certified commercial pesticide applicators. Enclosed is information entitled "Business Licensee Responsibilities for Registered Pest Control Technician Training" for more details. If you need additional information or have any questions regarding registered pest control technician training programs, you may contact KDA AT (785) 296-3786**

- 15. AIRCRAFT:** Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the KS Department of Agriculture. Decal (s) will not be issued until all licensing requirements are met. Decals are not transferable. Please provide the following information for all aircraft equipment that will be used in the application of pesticides. (Attach separate sheet using same format if more space is needed.)

AIRCRAFT FAA NUMBER	AIRCRAFT MAKE	AIRCRAFT MODEL	CHEMICAL ENDORSEMENT	INSURANCE POLICY # *	INS. CO. NAME *	EFFECTIVE DATE *	EXPIRATION DATE *
			YES NO				
			YES NO				

**\*NOTE: SUBMIT AIRCRAFT INSURANCE FORM KPL-410A**

- 16. PESTICIDE BUSINESS LICENSE FEES:** PLEASE SUBMIT LICENSE FEES WITH THIS APPLICATION. THE LICENSE APPLICATION FEE IS \$140.00 PER CATEGORY. THE UNCERTIFIED APPLICATOR FEE IS \$15.00 PER UNCERTIFIED APPLICATOR.

- 17. APPLICANT SIGNATURE:** I hereby attest the information on all pages of this application for license is true, complete and accurate.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED OR PRINTED NAME OF SIGNER: \_\_\_\_\_ TITLE: \_\_\_\_\_

- 18. SUBMIT COMPLETED APPLICATION ALONG WITH ANY AND ALL ASSOCIATED LICENSE FEES TO:** **Kansas Department of Agriculture  
Records Center – Pesticide  
109 SW 9<sup>th</sup> St Topeka KS 66612**